

## ROUTING AND RECORD SHEET

SUBJECT: (Optional)

SAS Training - FY 1983 and FY 1984

FROM:

C/HRPS

1012 Ames

EXTENSION

NO.

DATE 13 June 1983

STAT

STAT

TO: (Officer designation, room number, and building)

DATE

RECEIVED

FORWARDED

OFFICER'S INITIALS

COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment.)

1  
DD/OP-PA&E  
1006 Ames

2.

3  
OP/CMO  
5E-68 Hqtrs.

4.

5.

6.

7.

8.

9.

10.

11.

12.

13.

14.

15.

13 June 1983

MEMORANDUM FOR: OP/CMO

FROM :

C/HRPS

STAT

SUBJECT : SAS Training - FY 1983 and FY 1984

1. It is requested that two HRPS employees be enrolled in the Statistical Analysis System (SAS) "Basics" and "Processing" courses. The particulars on the requested training are as follows:

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2. HRPS has found the SAS software to be an invaluable tool in data analysis, in some cases allowing six weeks of work to be accomplished in one day. In addition we have existing data files that have been constructed and manipulated in SAS. Unfortunately, HRPS will lose its only SAS trained employee through resignation in July 1983. It is imperative, therefore, that HRPS develop an additional SAS capability immediately. It should be noted that [ ] training will take precedence over [ ] if necessary.

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Attachment: Registration Forms

Distribution:

Original - Addressee w/Att.

~~1~~ - Chrono

1 - Training Folder

1 - Stayback

OP/HRPS [ ] jmr (13JUNE1983)

STAT

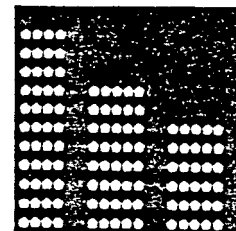
**SAS Basics - \$375**

I am registering for the session on:

- ☐ July 13-15 (Arlington, VA)  
☐ July 13-15 (San Francisco, CA)  
☐ July 20-22 (Chicago, IL)  
☐ July 26-28 (Dallas, TX)

Mail to:  
 SAS Institute Inc.  
 Attn: Education  
 Box 8000, SAS Circle  
 Cary, NC 27511-8000

- ☐ August 3-5 (New York, NY)  
☐ August 16-18 (Arlington, VA)  
☐ August 31-September 2 (Cary, NC)  
☐ September 7-9 (Toronto, Canada)  
☐ September 14-16 (Los Angeles, CA)  
☐ September 27-29 (Chicago, IL)  
☐ September 28-30 (Arlington, VA)  
☐ October 12-14 (Houston, TX)  
☐ October 19-21 (Cary, NC)  
☐ October 25-27 (New York, NY)  
☐ November 2-4 (Arlington, VA)  
☐ November 2-4, Portable (Cary, NC)  
☐ November 14-16 (San Francisco, CA)  
☐ November 16-18, Portable (San Francisco, CA)  
☐ November 30-December 2 (Arlington, VA)  
☐ December 6-8 (New York, NY)  
☐ December 14-16 (Cary, NC)

**Basics***(see reverse side)***Please type or print:**

Register one person on this form. Make additional copies if necessary.

☐ **Payment enclosed**☐ **Bill my company**

(An invoice address and purchase order number must be supplied.)

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
area code

Purchase Order Number \_\_\_\_\_

Billing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
area codeHow many years of experience do you have in using computers? ☐ less than 1 ☐ 1-3 ☐ over 3Have you ever used SAS? ☐ Yes ☐ No

If yes, how long? \_\_\_\_\_

What is your area of interest in using SAS? \_\_\_\_\_

I prefer: ☐ Smoking ☐ Nonsmoking  
 No smoking is allowed in SAS Institute buildings.

## SAS Processing - \$375

I am registering for the session on:

- |  |   |
|--|---|
| <input type="checkbox"/> July 20-22 (New York, NY)       | <input type="checkbox"/> October 26-28 (Chicago, IL)        |
| <input type="checkbox"/> August 17-19 (Arlington, VA)    | <input type="checkbox"/> November 8-10 (Arlington, VA)      |
| <input type="checkbox"/> August 24-26 (Dallas, TX)       | <input type="checkbox"/> November 15-17 (Houston, TX)       |
| <input type="checkbox"/> September 14-16 (New York, NY)  | <input type="checkbox"/> November 7-9 (New York, NY)        |
| <input type="checkbox"/> October 25-27 (Los Angeles, CA) | <input type="checkbox"/> December 13-15 (San Francisco, CA) |



**Process**

Mail to:  
SAS Institute Inc.  
Attn: Education  
Box 8000, SAS Circle  
Cary, NC 27511-8000

(see reverse side)

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Purchase Order Number \_\_\_\_\_

Company \_\_\_\_\_

Billing address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
area code

Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
area code

I prefer: ☐ Smoking ☐ Nonsmoking